

PART B - ISSUE FEE TRANSMITTAL

MAILING INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE. Blocks 2 through 6 should be completed where appropriate. All further correspondence including the Issue Fee Receipt, the Patent, advanced orders and notification of maintenance fees will be mailed to addressee entered in Block 1 unless you direct otherwise, by: (a) specifying a new correspondence address in Block 3 below; or (b) providing the PTO with a separate "FEE ADDRESS" for maintenance fee notifications with the payment of Issue Fee or thereafter. See reverse for Certificate of Mailing.

1. CORRESPONDENCE ADDRESS		2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)	
 1992 U.S. TRADEMARK OFFICE		INVENTOR'S NAME 51204 37171-05 101397 Street Address 911 14th Street City, State and ZIP Code CO-INVENTOR'S NAME Street Address City, State and ZIP Code	
WILLIAM DAVID KIESSEL P. O. BOX 15928 BATON ROUGE, LA 70895		<input type="checkbox"/> Check if additional changes are on reverse side	

TITLE OF INVENTION BAIT WHICH CONTAIN AMINO ACIDS FOR CATCHING TOTALURID CATFISH
(AS AMENDED)

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEES DUE	DATE DUE
E451/042	361-1000000000	000	PPR - SUPPLY	YES	\$565.00	10/14/92

DS20362 10/15/92 07796029 18-2210 020 561 20.00CH

3. Further correspondence to be mailed to the following:

William David Kiesel
Attorney at Law
Post Office Box 15928
Baton Rouge, Louisiana 70895-5928

4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.

1 William David Kiesel
2 Robert C. Tucker
3 _____

DO NOT USE THIS SPACE
100 TW 10/15/92 07796029 1 242 585.00 CK
100 TW 10/15/92 07796029 1 561 16.00 CK

5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type)	
(1) NAME OF ASSIGNEE: <u>Board of Supervisors, Louisiana State University</u>	
(2) ADDRESS: (City & State or County) <u>Baton Rouge, Louisiana</u>	
(3) STATE OF INCORPORATION, IF ASSIGNEE IS A CORPORATION <u>Louisiana</u>	
<p>A. <input checked="" type="checkbox"/> This application is NOT assigned by the assignee. The assignee is not entitled to receive any fees.</p> <p><input checked="" type="checkbox"/> Assignment previously submitted to the Patent and Trademark Office.</p> <p><input type="checkbox"/> Assignment is being submitted under separate cover. Assignments should be directed to Box ASSIGNMENTS, Rm 110, P.O. Box 1450, Washington, D.C. 20530.</p>	
<p>PLEASE NOTE: Unless an assignee is identified in block 5, assignee data will not appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.</p>	
<p>6a. The following fees are enclosed:</p> <p><input checked="" type="checkbox"/> Issue Fee <input type="checkbox"/> Advanced Order - # of Copies <u>12</u> (Minimum of 10)</p> <p>6b. The following fees should be charged to: <u>18-2210</u></p> <p>DEPOSIT ACCOUNT NUMBER <u>18-2210</u></p> <p>(Enclose Part C)</p> <p><input type="checkbox"/> Issue Fee <input type="checkbox"/> Advanced Order - # of Copies <u>12</u> (Minimum of 10)</p> <p><input checked="" type="checkbox"/> Any additional fees enclosed</p> <p>The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above.</p> <p>(Signature of party in interest or record owner)</p> <p><u>YES</u> <u>NO</u> <u>SOLO</u> <u>ASSIGNMENT</u></p> <p>(Date) <u>9/28/92</u></p>	
<p>NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.</p>	

PTOI-BSB (REV. 12-88) (OMB Clearance is pending)

TRANSMIT THIS FORM WITH FEE-CERTIFICATE OF MAILING ON REVERSE

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